

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1943

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4708

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DEEPAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 3 WEEKS
(Specify whether years, months or days)
In this community.....

3. (a) PRINT FULL NAME ANTOINETTE M. JUKE

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOHN J. JUKE 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Sep 11 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 5 8 8 8 hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

12. Name HENRY C. WEHLermann

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name BERTHA REISSING

15. Birthplace ST. LOUIS
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN J. JUKE

(b) Address 2004 N. 11TH STR 1943

17. (a) BURIAL (b) Date thereof MAY 24 TH
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N. 14 Th Str

19. (a) MAY 21 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2004 N. 11TH
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1943 to May 20, 1943; that I last saw him alive on May 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus 12 hr

Due to Carcinoma of sigmoid 6 mos.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Arthur S. Snelson (M. D. or other) M.D.
Address 2202 University St. Date signed 5/21/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SEP 10 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

732 Lemay puyd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.